ASIGNACION CAPITULO (1040A)

DATOS DE CLIENTE
NOMBRE: Laura y Jorge Ramírez
Ellos están casados y van a presentar una declaración como casados llenando juntos.
Para el SS#, utilizar los que refleja la forma W-2
OCUPACION: Laura (cashier), Jorge (mechanic)
DIRECCION: Utilizar la dirección que refleja la forma W-2
FECHA DE NACIMIENTO: Laura 01/01/1990, Jorge 01/01/1985
DEPENDIENTES: 2 hijos y un sobrino que vive en México.

- DEP 1: Pedro Ramírez, hijo, vive con sus padres, nació 01/01/2007, tiene SS# valido 987-65-4322, estudiante, ciudadano USA
- DEP 2: Cristina Ramírez, hija, vive con sus padres, nació 01/01/2007, tiene SS# valido 987-65-4323, estudiante, ciudadano USA
- DEP 3: Miguel Ramírez, sobrino, vive en México, nació 01/01/2001, no tiene SS#, estudiante, nació en México, no tiene ingresos propios, nadie más lo reclama como dependiente

SEGURO DE SALUD: todos estuvieron cubiertos por un plan de salud por los primeros 6 meses del año
INGRESOS: Ver formas W-2 y cualquier otra forma que refleje ingresos adicionales
FORMA DE TRANSMISION: no se van a enviar electrónicamente a petición del cliente.

COMPLETAR LA ASIGNACION SIGUIENTE:

- COMPLETAR LA DECLARACION DE IMPUESTOS DE LOS RAMIREZ Y SUS DEBIDOS ANEXOS
  El sobrino de Jorge no tiene seguro social requerido para reclamarlo como dependiente, por lo tanto, se deberá aplicar para el ITIN

AL TERMINAR LA ASIGNACION
UNA VEZ COMPLETADA LA ASIGNACION, ENTREGAR EL FORMULARIO 1040A TERMINADO JUNTO CON SUS ANEXOS, ESTOS PUEDEN SER ENTREGADOS DE LA FORMA COMO SE INDICA EN SU AULA VIRTUAL.

	a Employee's social security number 987-65-4321	OMB No. 1545-0008	**Safe, accurate, FAST! Use** Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 12-3456789 AUTO		**1** Wages, tips, other compensation 10,000	**2** Federal income tax withheld 429
c Employer's name, address, and ZIP code AUTO PARTS 2345 MYSTREET Long Beach CA 90806		**3** Social security wages 10,000 **5** Medicare wages and tips 10,000 **7** Social security tips	**4** Social security tax withheld 620 **6** Medicare tax withheld 145 **8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. JORGE RAMIREZ 2121 ANY ST Long Beach CA 90806 **f** Employee's address and ZIP code		**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 Code **12b** Code **12c** Code **12d** Code

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
	0				

Form **W-2** **Wage and Tax Statement** 2016 Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	a Employee's social security number 987-65-4320	OMB No. 1545-0008	**Safe, accurate, FAST! Use** — Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) 12-3456789 SUPE		**1** Wages, tips, other compensation 15,000	**2** Federal income tax withheld 1,987
c Employer's name, address, and ZIP code SUPER MARKET 123 Any St Ontario CA 91761		**3** Social security wages 15,000	**4** Social security tax withheld 930
		5 Medicare wages and tips 15,000	**6** Medicare tax withheld 218
		7 Social security tips	**8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial: LAURA — Last name: RAMIREZ — Suff.		**11** Nonqualified plans	**12a** See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
2121 ANY ST Long Beach CA 90806 **f** Employee's address and ZIP code		**14** Other	**12c** Code **12d** Code

15 State — Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
	0				

Form W-2 Wage and Tax Statement 2016 — Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

9292 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Payer's RTN (optional)	OMB No. 1545-0112	**Interest Income**
BANK OF ANYTOWN 2345 MYSTREET Long Beach CA 90806	1 Interest income $ 525	2016 Form **1099-INT**	**Copy A** **For Internal Revenue Service Center** **File with Form 1096.**
PAYER'S federal identification number: 12-3456789	RECIPIENT'S identification number: 987-65-4320	2 Early withdrawal penalty $	
		3 Interest on U.S. Savings Bonds and Treas. obligations $	
RECIPIENT'S name: LAURA RAMIREZ		4 Federal income tax withheld $	5 Investment expenses $
Street address (including apt. no.): 2121 ANY ST		6 Foreign tax paid $	7 Foreign country or U.S. possession
City or town, state or province, country, and ZIP or foreign postal code: Long Beach CA 90806		8 Tax-exempt interest $	9 Specified private activity bond interest $
		10 Market discount $	11 Bond premium $
FATCA filing requirement ☐		12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $
Account number (see instructions)	2nd TIN not. ☐	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no. / 17 State tax withheld $

For Privacy Act and Paperwork Reduction Act Notice, see the **2016 General Instructions for Certain Information Returns.**

Form **1099-INT** Cat. No. 14410K www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

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8383 ☐ VOID ☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number	1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	**Tuition Statement**
SCHOOL OF AMERICA 2882 SCHOOL ST Long Beach CA 90806	$ 3,400 2 Amounts billed for qualified tuition and related expenses $	2016 Form **1098-T**	

FILER'S federal identification no.	STUDENT'S taxpayer identification no.	3 Check if you have changed your reporting method for 2016	**Copy A For Internal Revenue Service Center**
12-3456789	987-65-4320 ☐	☐	**File with Form 1096.**

STUDENT'S name	4 Adjustments made for a prior year	5 Scholarships or grants	For Privacy Act and Paperwork Reduction Act Notice, see the **2016 General Instructions for Certain Information Returns.**
LAURA RAMIREZ	$	$	

Street address (including apt. no.) 2121 ANYTOWN	6 Adjustments to scholarships or grants for a prior year	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January — March 2017 ► ☐	
City or town, state or province, country, and ZIP or foreign postal code Long Beach CA 90806	$		

Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student ☐	9 Check if a graduate student . . . . ☐	10 Ins. contract reimb./refund $	

Form **1098-T** Cat. No. 25087J www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service

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